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ABSTRACT

Guidelines for teaching nursing skills to allied health personnel at different levels (on-the-job training, associate degree in nursing, adult education, or staff development programs) are the focus of the document. It presents general considerations for planning an effective management system for the utilization of Level 1 (entry-level nursing skills) nursing instructional units. The scheduling and procedure for a suggested system of implementing individualized instruction in a classroom setting is briefly described as well as general instructions for the faculty on the administration of the performance tests. The teacher's guide is to be used and correlated with Volume 1 of the text on Nursing Skills for Allied Health Services. Each unit includes information on the target group, prerequisites for the unit, suggested audiovisual aids, and references. A 46-page section contains a performance checklist for each of the 20 units in Volume 1 of the two-volume set. (EC)

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Teacher's Guide
for use with

Nursing Skills for Allied Health Services

Volume Two

Edited by LUCILE A. WOOD, R.N., M.S.

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INTRODUCTION

The Allied Health Professions Projects (AHPP), a national curriculum research and development program funded by the U.S. Office of Education, initiated operations on a four-year grant in August of 1968 as part of UCLA's Division of Vocational Education. Curricula and instructional materials of a unique and innovative nature for use in training a variety of allied health personnel are currently being developed by AHPP. These materials are being created specifically for allied health functions that can appropriately be taught in educational programs from on-the-job training up through the Associate degree level. Some can also be used for adult education and staff development programs.

The basic methodology of AHPP may be summarized as follows. After extensive FIELD AND LIBRARY RESEARCH, the results were filtered through the occupational National Technical Advisory Committee to form a TASK LIST of all identifiable tasks and functions for each occupation. Data about each of the tasks in the list were obtained from a NATIONAL SURVEY; these data were analyzed and published in a report. From the TASK ANALYSIS, the DESIGN OF THE INSTRUCTIONAL UNIT was developed. This includes the rationale for the overall teaching strategy, specification of teaching objectives, and division into modules and units of instruction. AHPP defines module as a basic, self-contained instructional package. A unit of instruction is composed of one or more modules which have close content similarities; e.g., Handwashing is complete by itself, whereas Urine Elimination is a unit that encompasses 16 modules.

After the first draft of the teaching materials was completed, the units were field-tested locally. Comments and suggestions from students and faculties were then incorporated in subsequent revisions.

The final revision was completed after receiving recommendations from the Nursing National Technical Advisory Committee.

The curriculum is established as an open-entry/open-exit plan, thereby enabling optimal use of faculty, educational materials, and instructional clinic settings. In preparing the instructional modules, an effort has been made to be innovative while providing a sound educational basis for this program. AHPP has endeavored to simplify (but not water down) content and implementation by:

1. Designating the skill (activity or task) to be learned.

2. Subdividing the skill into major steps to be learned.

3. Supporting the practical content with related theory which will clarify the major steps, e.g., factors which make or break the successful attainment of the skill: safety precautions; points for making the step easier to do (special timing, special handling or positioning, special sequence of action); related biological concepts or principles of microbiology, where applicable; communication and human relations skills needed for successful completion of the activity; and pertinent ethical or legal concepts.

4. Planning the learning sequence.

    a. Demonstration or film introducing the unit.

    b. Study of the Instructional Unit, followed by written post-test (no grade).

c. Practice in the learning lab and taking performance examinations (pass/fail). In some instances the performance examinations may include a time element to assist in helping the student work efficiently.

d. Supervised clinical practice with periodic evaluation checks.

NOTE: Various combinations of audiovisual/tutorial aids may be utilized. The intent is to provide alternative media and suggestions which will enable the users to adapt these materials to their present systems.

It was the objective of the consultant writers to incorporate content to assure that the learner attains knowledge, skills, and a change of attitude at the performance level designated by the Instructional Module.

Learning is an active process, and therefore the student must be "actively doing" during his hours of instruction. The instructor functions chiefly to facilitate learning.

As the entire Project progresses, the respective Associate Directors are finding that certain Instructional Units are "common core units" which can be used in any one or all of the allied health occupations. An overall curriculum design can thus become dynamic and open-ended, permitting the learner to go in any one of a variety of directions (horizontal, vertical, or a combination of both) as desired. Workers will, it is hoped, be retained in the health field because they will no longer find themselves in self-limiting or dead-end occupations.

Component modules may be used in several settings: acute care facilities, extended-care facilities (ECF), home health agencies, agency in-service programs, adult educational programs, vocational and Associate degree and diploma nursing programs. Because these modules may be used in various settings, it is believed that a certain standardization of practice may occur. The specific sequencing of content will remain within the purview of the respective instructors on the faculty.

For the nursing curricula, the levels of learning are labeled as follows:

Level I - entry-level nursing skills
Level II - comparable to present LVN (LPN) curricula
Level III - comparable to present RN curricula

The learner begins at Level I and progresses through Level II and Level III. In other words, each level builds on the knowledge and skills learned in the previous level.

The continuing career ladder concept may be envisioned in the following broad interpretation for future development.

Level IV - comparable to present Baccalaureate degree in nursing
Level V - comparable to present Master's degree in nursing
Level VI - comparable to present Ph.D. in nursing

AHPP has developed an evaluation design which will permit assessment of the instructional materials and provide a description of selected student demographic data. Results of the evaluation data will be analyzed and reported in subsequent AHPP publications.

GENERAL CONSIDERATIONS FOR PLANNING
AN EFFECTIVE MANAGEMENT SYSTEM
FOR UTILIZATION OF LEVEL I
NURSING INSTRUCTIONAL UNITS

A. An effective management system depends on adequate data information, and on student activity management.

B. Data are supplied for four purposes:

1. To provide the instructors with information about individual student progress.

2. To provide the instructors with information about the total group progress.

3. To provide each student with information about his or her progress.

4. To provide demographic profile data about students in courses.

C. Student activities should be based on these principles:

1. Maximum time for one activity:

Short instruction periods are preferable to lengthy periods in order to hold student attention.

2. Varied activities:

Plan group as well as individual activities, such as auto-instruction, lectures, lab work, counseling seminars, gripe sessions, etc.

D. Essentials for maintaining data (useful for planning subsequent programs):

1. Student information:

a. Individual Progress Form includes time spent to complete each module and student's comments (see Form I, page 5).

b. Group Progress Form (see Form II, page 6).

These charts are kept at the instructor's desk. The students write in their own completion time for each category in each unit or module.

c. Individual student folder contains:

1) All personal data.

2) All collected data such as individual progress forms, tests, quizzes, instructor's comments, etc.

This is an OPEN FILE; i.e., the student can see it at any time.

2. Instructional content data:

Instructional Deficiency Report Form (see Form III, page 7). This is to be filled out by the instructor when any problems arise relative to content or instruction, to provide a method for improving the instruction and instructional units.

E. Suggestions to instructor(s):

1. Make a TIME TABLE covering all activities for a certain time segment.

2. Provide self-selected ENRICHMENT ACTIVITIES for quick students, to include: ADVANCED WORK, reading, helping others, and special units.

3. Provide a RECYCLE for slow students; i.e., allow extra time for a module. Slow students can go back and redo it, or complete it.

4. Provide a REWARD or recognition for achievement, i.e., promotion to the next unit.

5. SUBDIVIDE CURRICULUM into lecture, auto-instruction, and group interaction.

6. Develop FLOW CHART of procedures that students must follow when entering program, activities, and learning schedule.

7. Give student a WEEK'S ACTIVITIES IN ADVANCE (or up to first stopping point).

8. Hold DAILY GROUP MEETINGS with students to plan each day's activities.

   a. Announce lectures.

   b. Each student should plan his own schedule for that day.

   c. Student's clinical experiences.

9. Bring students together at END OF DAY to discuss next day's plan, problems, etc.

10. Plan a TIME TABLE by Unit of Instruction, outlining the laboratory and audiovisual aids, the time needed for Performance Tests, and the expected instruction time required.

NOTE: Revisions of the planning system are continually in process. Suggestions presented here are just that--suggestions to be utilized if applicable to your setting.

FORM I

NAME:

TITLE OF UNIT OR MODULE	TIME BEGUN (Date & Hour)	TIME COMPLETED (Date & Hour)	TOTAL INSTRUCTION TIME (In Minutes)	POST-TEST COMPLETED (Instructor's Initials)	PERFORMANCE (Instructor's Initials)	STUDENT'S COMMENTS

AHPP 10/70

FORM II

TOTAL STUDENT TIME = INSTRUCTION + TESTING

TITLE OF UNIT OR MODULE	TIME	STUDENTS	AVERAGE TIME
	Reading Time		
	Post-test Grade		
	Performance Time		
	Reading Time		
	Post-test Grade		
	Performance Time		
	Reading Time		
	Post-test Grade		
	Performance Time		
	Reading Time		
	Post-test Grade		
	Performance Time		
	Reading Time		
	Post-test Grade		
	Performance Time		
	Reading Time		
	Post-test Grade		
	Performance Time		

AHPP 10/71

FORM III

INSTRUCTIONAL DEFICIENCY REPORT FORM

Title of Unit: _____

Title of Module: _____

Description of Deficiency:

Action Taken:

_____
Instructor

AHPP 10/71

FORM IV

STUDENT DEMOGRAPHIC PROFILE

Name				
Age				
Sex				
Name and Location of High School Graduated From				
Class Standing (GPA)				
Occupation of Father, Husband or Self				
Salary if known				
Score on WRAT				
Score on SCAT				
Other Tests Used (Name/Score)				
Other Information, College Completed, etc.				
Date Completed Program				
Withdrew Date, Reason				

A SUGGESTED SYSTEM FOR IMPLEMENTING INDIVIDUALIZED INSTRUCTION IN A CLASSROOM SETTING

Individualized instruction allows the teacher to work with smaller groups of students than in normal classroom teaching, so that there is a more efficient use of equipment, space, and teachers. The number of groups that can be handled depends on the student-to-teacher ratio and limitations of equipment and space, but generally two groups can be handled comfortably.

A. SCHEDULING

Using a module analysis as described in Section E of "General Considerations," divide the syllabus into two parallel courses. A course could be one module long, on unit long, or several modules and units long. These are the limitations on matching courses:

1. No parallel units requiring same lab equipment.
2. No parallel units requiring same teaching equipment.
3. No parallel units requiring same supervision rating.

It is possible to match one course requiring laboratory practice with one course which requires no practice, or both courses requiring practice. Little is gained by matching two entirely theoretical courses.

Provide enrichment or alternative assignments for the fast-progressing students to permit the slower students to catch up. Then at pre-planned intervals bring the entire group together for group discussion to share their individual learning experiences; i.e., daily after clinical experience.

B. PROCEDURE

Assume two parallel courses, A and B. Split the class into two groups, 1 and 2.

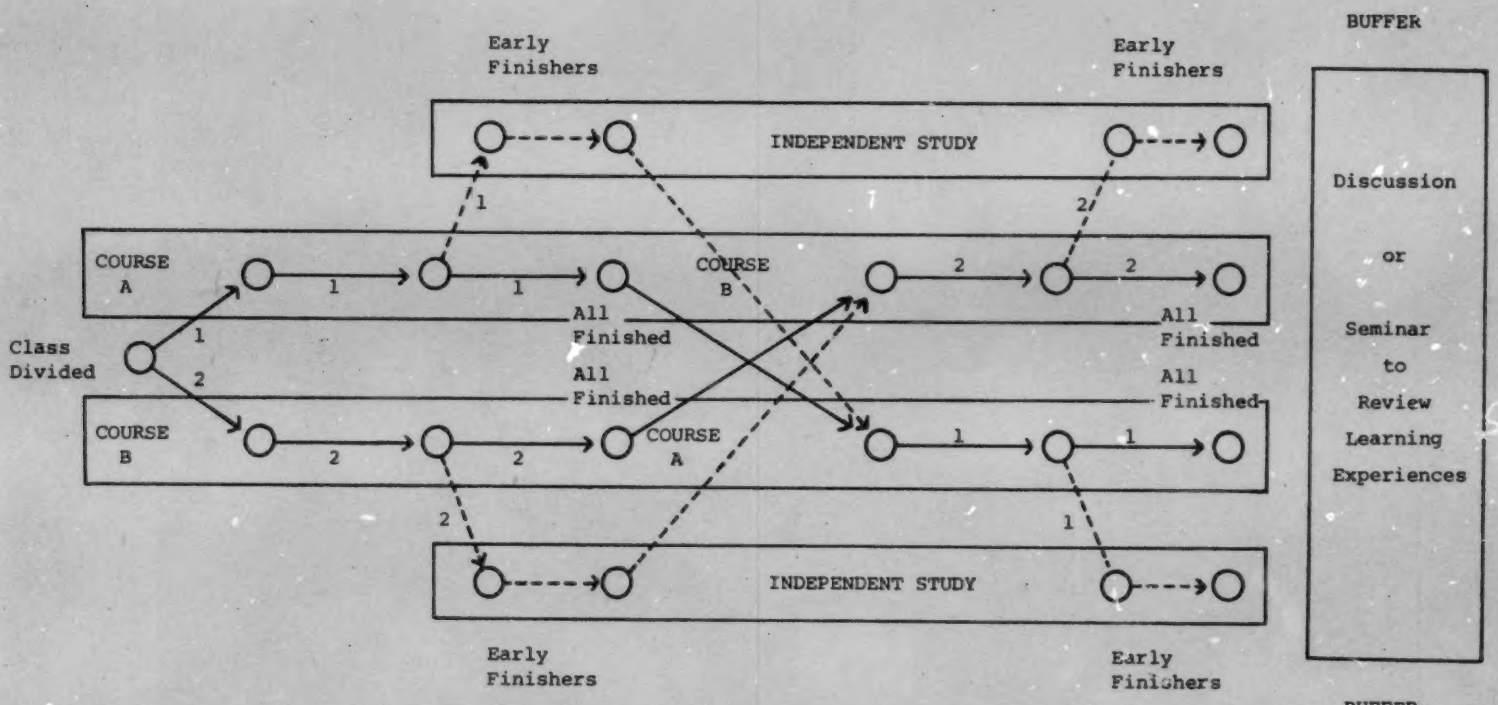
Class 1 works on course A to buffer,* then on B	Then REVIEW
Class 2 works on course B to buffer, then on A	both courses

*"Slack" time for independent study.

See model on the following page for an example of the system in operation.

MODEL TO SHOW OPERATION OF SYSTEM WITH

TWO PARALLEL COURSES, COURSE A AND COURSE B



GENERAL INSTRUCTIONS FOR THE FACULTY ON ADMINISTRATION OF PERFORMANCE TESTS

The directions for administration of each performance test should be followed as closely as possible so that a standard set of conditions is maintained for all occasions on which a particular test is given. The directions are designed to make the test conditions similar to those that the student will encounter on the job. Most of the tests, therefore, are arranged so as to require the student to make the appropriate preparations for performance (which may include locating and assembling the correct equipment) and to complete the necessary follow-up activities after performance of the basic task.

An itemized performance checklist has been provided for each performance test. The checklist items have been arranged in the order in which observations of the activities probably would be made. Some items, however, will depend more on observation of the entire procedure than on observation at any one specific point.

The observer should indicate his rating of the student's performance on each item by checking one of the four columns.

COLUMN 1 Yes: the student correctly performed as required by the item.

COLUMN 2 No: the student did not perform correctly, or failed to perform when he should have done so.

COLUMN 3 Not Applicable: the activity was not performed because it was not appropriate in the circumstances.

COLUMN 4 Not Observed: the observer was unable to observe the student's performance, or he was unable to judge whether or not the student's performance was correct.

The last item on the checklist requests the observer's judgment of the student's overall performance of the procedure as a whole. The definitions of the categories are:

a) Satisfactory: (Pass) the student has been properly trained so that he knows what to do and how to do it, and with further practice he should have no difficulty in attaining the required level of proficiency.

b) Unsatisfactory: (Fail) the student's overall performance is clearly deficient, and indicates that his understanding has not been adequate.

Space has been provided for comments if the observer wishes to qualify any of his ratings. If the observer judges that there was an error or a deficiency in some aspect of the student's performance that is not covered in the checklist, he should indicate in this space what it was.

The student should be allowed to continue through the test without guidance or correction from the observer. However, if the student is unable to continue, or if the observer considers that his performance might cause harm to the patient, the test may be stopped and the student given an overall rating of "unsatisfactory." The student will then return to the skill lab for further practice, or may be counselled and asked to withdraw from the program because of consistently unsatisfactory performance.

GENERAL INSTRUCTIONS TO STUDENTS TAKING PERFORMANCE TESTS

To test your ability to apply the skills that you have learned, you will be asked to perform various tasks under conditions similar to those you would find on the job in a hospital. When you take these tests, remember that preparation and follow-up may be as necessary as "doing" the procedure. You should do all the things that you would do if you were performing the tasks on the job, and you should use the techniques that you would employ if you were on the job in a health agency.

Listen to and/or read the test instructions carefully. Recall what it is you need to perform the task. The items you will need will be available, but you may have to pick them out yourself. Recall what the proper techniques are. If the instructions say anything about the circumstances or the condition of the patient, consider how this may affect the way in which you perform the task. Make sure that you do not omit any of the necessary steps in performance of a task. Before you indicate to the instructor that you have finished, ask yourself if you have completed all the follow-up activities that normally would be necessary if you were actually on the job.

Some of the tests may have time limits, because on the job you would be expected to practice economy of time as far as it is consistent with effective performance of your duties. The time limits are reasonable ones. They are not set with the intention of seeing how fast you can perform a task, but only to check your ability to perform efficiently. Exceeding the time limit will lower your total score, but it will not cause you to fail the test as long as your performance is satisfactory in other respects.

URINE ELIMINATION

Target Group:

Any health workers who care for patients with urinary tract needs.

Prerequisites for this Unit:

Body Alignment, Balance and Movement for Health Workers, Parts I and II; Handwashing Technique for Medical Asepsis; Positioning the Bed Patient; Fluid Intake and Output; and Observing Intravenous Therapy.

Performance Checklist: see page 27.

References:

Culver, Vivian M. Modern Bedside Nursing, 7th ed. Philadelphia: W. B. Saunders Co., 1969, pp. 93, 123, 787.

Delehanty, Lorraine and Vincent Stravino. "Achieving Bladder Control," American Journal of Nursing, Vol. 70, No. 2 (February 1970), pp. 312-16.

Derr, Susan D. "Testing for Glycosuria," American Journal of Nursing, Vol. 70, No. 7 (July 1970), pp. 1513-15.

Tudor, Lea L. "Bladder and Bowel Training," American Journal of Nursing, Vol. 70, No. 11 (November 1970), pp. 2391-93.

BOWEL ELIMINATION

Target Group:

Any health worker who has reason to learn about the elimination care of a patient, i.e., a family member.

Prerequisites for this Unit:

Urine Elimination; Handwashing Technique for Medical Asepsis; Body Alignment, Balance and Movement for Health Workers, Parts I and II; and Positioning the Bed Patient.

Performance Checklist: see page 30.

Audiovisual Aids:

T-0113. "Bowel and Bladder Training." Train-Aide, Glendale, California 91201.

113. "Giving a Bedpan or Urinal."
115. "Observation of Urine and Feces."
Health Employees Learning Program, Ro-Com, Division of Hoffman-LaRoche, Inc., Nutley, New Jersey 07110.

BN-115. "Bowel and Bladder Training."
BN-102. "Cleansing Enema."
SN-141. "Colostomy Irrigation."
Trainex Corporation, Garden Grove, California 92642.

References:

Aiken, Linda H. "Patient Problems are Problems in Learning," American Journal of Nursing, Vol. 70, No. 9 (September 1970), pp. 1916-18.

Guyton, Arthur. Textbook of Medical Physiology, 4th ed. Philadelphia: W. B. Saunders Co., 1971.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969.

COLLECTION OF SPUTUM AND GASTRIC SPECIMENS AND CARE OF THE VOMITING PATIENT

Target Group:

Any health worker who collects sputum or gastric specimens or who may care for the vomiting patient.

Prerequisites for this Unit:

Handwashing Technique for Medical Asepsis, Making Hospital Beds, Positioning the Bed Patient, Baths, Introduction to Charting (for vocabulary), Assist with Nutrition, Fluid Intake and Output, Urine Elimination, and Bowel Elimination.

Performance Checklist: see page 36.

Audiovisual Aids:

M-1019. "Sputum Collection and Transportation." U.S. Government Films, National Audiovisual Center, Washington, D.C. 20409.

References:

Goodale, Raymond H. and Frances K. Widmann. Clinical Interpretation of Laboratory Tests, Philadelphia: F. A. Davis Co., pp. 231-38.

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 253-54.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969.

PERINEAL CARE

Target Group:

All nurse aides, vocational nurses, and students in Associate degree and RN programs.

Prerequisites for this Unit:

Body Alignment, Balance and Movement for Health Workers, Parts I and II; Handwashing Technique for Medical Asepsis; and Urine Elimination.

Performance Checklist: see page 38.

Audiovisual Aids:

BPC-7. "Vaginal Douche and Perineal Care." Robert J. Brady Co., 130 Que Street, N.E., Washington, D.C. 20002.

References:

Bookmiller, Mae M., George L. Bowen, and Dolores Carpenter. Textbook of Obstetrics and Obstetric Nursing, 5th ed. Philadelphia: W. B. Saunders Co., 1968.

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 558-59.

CARE OF THE PATIENT WITH GASTROINTESTINAL TUBES

Target Group:

Any health worker who may be giving or assisting with gastrointestinal treatments or tests.

Prerequisites for this Unit:

Making Hospital Beds, Positioning the Bed Patient, Assist with Nutrition, Fluid Intake and Output, Bowel Elimination, Urine Elimination, Baths, and Collection of Sputum and Gastric Specimens and Care of the Vomiting Patient.

Performance Checklist: see page 40.

Audiovisual Aids:

SN-145. "Nasogastric Intubation and Gavage Feeding."
SN-146. "Gastric and Gastrointestinal Decompression."
Trainex Corporation, Garden Grove, California 92642.

References:

Kozier, Barbara B. and Beverly W. Du Gas. Fundamentals of Patient Care, Philadelphia: W. B. Saunders Co., 1968.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969.

THE CARDINAL SIGNS

Target Group:

All health workers who are responsible for taking and recording patients' vital signs.

Prerequisites for this Unit:

Introduction to Charting, Handwashing Technique for Medical Asepsis, The Health Worker and the Law, Baths, Making Hospital Beds, Positioning the Bed Patient, Urine Elimination, and Bowel Elimination.

Performance Checklist: see page 42.

Audiovisual Aids:

BN-105. "Temperature, Pulse, Respiration."
BN-101. "Blood Pressure."
Trainex Corporation, Garden Grove, California 92642.

References:

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 10-1 to 10-26.

Bookmiller, Mae M. and George L. Bowen. Textbook of Obstetrics and Obstetric Nursing, 5th ed. Philadelphia: W. B. Saunders Co., 1968.

Hoffman, Claire P., Gladys B. Lipkin, and Ella N. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 259-70.

Swanburg, Russell C. The Measurement of Vital Signs, New York: G. P. Putnam's Sons, 1970.

Tate, Gayle V., Carol Gohrke, and Louise W. Mansfield. "Correct Use of Electric Thermometers," American Journal of Nursing, Vol. 70, No. 9 (September 1970), pp. 1898-99.

ADMISSION, TRANSFER AND DISCHARGE

Target Group:

Any health worker who is responsible for admission, transfer and discharge of patients.

Prerequisites for this Unit:

The Health Worker and the Law; Introduction to Ethics in the Healing Arts; Body Alignment, Balance and Movement for Health Workers, Parts I and II; Guidelines for Performance of Nursing Skills; Environment and the Patient; Positioning the Bed Patient; and Mechanical Aids for Ambulation and Movement.

Performance Checklist: see page 49.

Audiovisual Aids:

BN-108. "Admission and Discharge." Trainex Corporation, Garden Grove, California 92642.

References:

Armstrong, Inez and Jane J. Browder. The Nursing Care of Children, 3rd. ed. Philadelphia: F. A. Davis Co., 1970.

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 11-1 to 11-12.

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 182-89.

Leake, Mary J. A Manual of Simple Nursing Procedures, Philadelphia: W. B. Saunders Co., 1971, pp. 122-24.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual, 2nd ed. Philadelphia: W. B. Saunders Co., 1970, pp. 94-98.

CARE OF THE DYING PATIENT AND POSTMORTEM CARE

Target Group:

All health personnel who are responsible for preparing deceased patients for the mortuary.

Prerequisites for this Unit:

The student should have had at least ten days of clinical experience and have completed the following units: Body Alignment, Balance and Movement for Health Workers, Parts I and II; Handwashing Technique for Medical Asepsis; Baths; Care of the Hair; Assisting with Spiritual Care; Bowel Elimination; Urine Elimination; and Special Skin Care.

Performance Checklist: see page 54.

Audiovisual Aids:

BN-117. "Care of the Dying Patient."
SN-155. "Spiritual Needs of the Patient."
Trainex Corporation, Garden Grove, California 92642.

References:

Anderson, Maja C. Basic Nursing Techniques, Philadelphia: W. B. Saunders Co., 1968, pp. 281-95.

(Anonymous) "Death in the First Person," American Journal of Nursing, Vol. 70, No. 2 (February 1970), p. 336.

Blewett, Laura J. "To Die at Home," American Journal of Nursing, Vol. 70, No. 12 (December 1970), pp. 2602-04.

Carlson, Carolyn E. "Grief and Mourning," Behavioral Concepts and Nursing Intervention, Philadelphia: J. B. Lippincott Co., 1970, pp. 95-116.

Goldfagel, Linda. "Working with the Parent of a Dying Child," American Journal of Nursing, Vol. 70, No. 8 (August 1970), pp. 1675-79.

Hoffman, Esther. "Don't Give up on Me!" American Journal of Nursing, Vol. 71, No. 1 (January 1971), pp. 60-62.

Jourard, Sidney M. "Suicide: The Invitation to Die," American Journal of Nursing, Vol. 70, No. 2 (February 1970), pp. 269, 73-75.

Kneish, Carol Ren. "Thoughtful Care for the Dying," American Journal of Nursing, Vol. 68, No. 3 (March 1968), pp. 550-53.

Pomoroz, Margaret R. "Sudden Death Syndrome," American Journal of Nursing, Vol. 69, No. 9 (September 1969), pp. 1886-91.

Ross, Elizabeth Kubler. "What is it Like to be Dying?" American Journal of Nursing, Vol. 71, No. 1 (Janaury 1971), pp. 54-61.

Vaillot, Sister Madeline Clemence. "Hope: The Restoration of Being," American Journal of Nursing, Vol. 70, No. 2 (February 1970), pp. 268, 270-73.

Waechter, Eugenia H. "Children's Awareness of Fatal Disease," American Journal of Nursing, Vol. 71, No. 6 (June 1971), pp. 1168-72.

CARE OF PATIENTS RECEIVING OXYGEN THERAPY

Target Group:

Any health worker who is involved in bedside care of individuals receiving oxygen therapy in a hospital, extended care facility, or at home.

Prerequisites for this Unit:

Positioning the Bed Patient, Baths, Assist with Nutrition, Fluid Intake and Output, Observing Intravenous Therapy, Assisting with Spiritual Care, Urine Elimination, Bowel Elimination, and Care of a Patient with Gastrointestinal Tubes.

Performance Checklist: see page 55.

Audiovisual Aids:

SN-149. "Oxygen Administration."
SN-153. "IPPB, I - Bird Mark 7."
SN-154. "IPPB, II - Bennett PR 1."
SN-157. "Ultrasonic Nebulizers."
Trainex Corporation, Garden Grove, California 92642.

M-1572. "Chronic Obstructive Pulmonary Disease: The Use of Oxygen in Physical Therapy Management." National Audiovisual Center (U.S. Government Films).

References:

Belinkoff, Stanton. Introduction to Inhalation Therapy, Boston: Little, Brown and Co., 1969.

Caldwell, Esther and Barbara R. Hegner. Health Assistant, Albany: Delmar Publishers, Inc., 1969, Unit 29, pp. 156-63.

Grenard, Steve, Beck J. Gustav, and George W. Richard. Introduction to Respiratory Therapy, Monsey, New York: Glenn Educational Medical Services, Inc., 1970. (Workbook, study guide, and 43 transparencies.)

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 112-15, 313-20.

Kozier, Barbara and Beverly W. Du Gas. Fundamentals of Patient Care, Philadelphia: W. B. Saunders Co., 1968, pp. 297-307.

Nett, Louise M. and Thomas L. Petty. "Why Emphysema Patients Are the Way They Are," American Journal of Nursing, Vol. 70, No. 6 (June 1970), pp. 1251-53.

Schwaid, Madeline C. "The Impact of Emphysema," American Journal of Nursing, Vol. 70, No. 6 (June 1970), pp. 1247-50.

Sutton, Audrey. Bedside Nursing Techniques, 3rd ed. Philadelphia: W. B. Saunders Co., 1969.

Tomac Intubation Procedure Manual. American Hospital Supply, Evanston, Illinois.

CARDIOPULMONARY RESUSCITATION

Target Group: all health workers.

Prerequisites for this Unit:

The Cardinal Signs, The Health Worker and the Law, Introduction to Ethics in the Healing Arts, and Guidelines for Performance of Nursing Skills.

Performance Checklist: see page 57.

Audiovisual Aids:

PC-186. "Cardiopulmonary Resuscitation--Initial Phase." Trainex Corporation, Garden Grove, California 92642.

"Pulse of Life" and "Breath of Life" (or other film obtained through your local Heart Association).

References:

Definitive Therapy in Cardiopulmonary Resuscitation. American Heart Association, 44 East 23rd Street, New York 10010, EM 3 77A, 1965.

Emergency Measures in Cardiopulmonary Resuscitation. American Heart Association, 44 East 23rd Street, New York 10010, EM 3 77A, 1965.

Feeley, Ellen McNulty. "The New Graduate in Cardiopulmonary Resuscitation," American Journal of Nursing, Vol. 70, No. 6 (June 1970), pp. 1304-07.

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 509-14.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual, 2nd ed. Philadelphia: W. B. Saunders Co., 1970, pp. 221-24.

Robertson, Patricia. "A Functional Emergency Cart," American Journal of Nursing, Vol. 70, No. 8 (August 1970), pp. 1684-85.

ASSIST WITH PROCEDURES, PART A: ASSISTING WITH HOT AND COLD APPLICATIONS

Target Group:

Any health worker who gives heat or cold treatments to patients.

Prerequisites for this Unit:

The Health Worker and the Law; Body Alignment, Balance and Movement for Health Workers, Parts I and II; Handwashing Technique for Medical Asepsis; Introduction to Charting; Positioning the Bed Patient; Special Skin Care; Fluid Intake and Output; Urine Elimination; and Bowel Elimination.

Performance Checklist: see page 59.

Audiovisual Aids:

PC-177. "Local Application of Heat and Cold: Part I, Moist and Dry Heat; Part II, Moist and Dry Cold."
SN-150. "Hypothermia, Parts I and II."
Trainex Corporation, Garden Grove, California 92642.

References:

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 13-1 to 13-21.

Caldwell, Esther and Barbara Hegner. Health Assistant, Albany: Delmar Publishers, 1969.

Gorman-Rupp Industries, Inc. "Aquamatic K Thermia and Aquamatic K Pad," Operating Instructions, Belleville, Ohio.

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 282-93.

Leake, Mary J. A Manual of Simple Nursing Procedures, Philadelphia: W. B. Saunders Co., 1971, pp. 152-69.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969.

ASSIST WITH PROCEDURES, PART B: OPERATION OF PATIENT TURNING FRAMES

Target Group:

Any beginning worker in nursing, such as nurse aide, vocational and RN students.

Prerequisites for this Unit:

Body Alignment, Balance and Movement for Health Workers, Parts I and II; Handwashing Technique for Medical Asepsis; Positioning the Bed Patient; Introduction to Charting; Urine Elimination; and Bowel Elimination.

Performance Checklist: see page 62.

Audiovisual Aids:

SN-3. "Care of the Patient in Cervical Traction, Part I (Circ-O-lectric Bed) and Part II (Stryker Frame)." Trainex Corporation, Garden Grove, California 92642.

T-0050. "Psychological Adaptation to Illness."
T-0052. "Emotional and Psychological Aspects of Pain."
T-0118. "Turning Frames."
Train-Aide, Glendale, California 91201.

References:

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 233-37.

Kerr, Avice. Orthopedic Nursing Procedures, 2nd ed. New York: Springer Publishing Co., 1969, pp. 89-110, 111-127.

Stryker and Foster. Frame Procedure, Orthopedic Hospital, 2400 South Flower St., Los Angeles, California, 1970.

Stryker Corporation. Circ-o-lectric Universal Hospital Bed and Stryker Frame, 420 Olcott Street, Kalamazoo, Michigan.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969, pp. 198-200.

ASSIST WITH PROCEDURES, PART C: APPLICATION OF RESTRAINTS

Target Group:

Any beginning worker in nursing, such as nurse aide, vocational or practical nurses, and RN students.

Prerequisites for this Unit:

Handwashing Technique for Medical Asepsis; Positioning the Bed Patient; Patient Movements and Ambulation; Introduction to Charting; The Health Worker and the Law; Introduction to Ethics in the Healing Arts; Guidelines for Performance of Nursing Skills; Assist with Nutrition; Observing Intravenous Therapy; Urine Elimination; Bowel Elimination; Care of Patients Receiving Oxygen Therapy; and Admission, Transfer and Discharge.

Performance Checklist: see page 66.

Audiovisual Aids:

PC-176. "The Use of Protective Restraints." Trainex Corporation, Garden Grove, California 92642.

References:

American College Encyclopedic Dictionary. Edited by Clarence Barnhart, Volumes I and II. Chicago: The Spencer Press, Inc., 1952.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual, 2nd ed. Philadelphia: W. B. Saunders Co., 1970, pp. 168-69.

APPLICATION OF BANDAGES AND BINDERS

Target Group: Any health worker who may apply bandages or binders.

Prerequisites for this Unit:

Handwashing Technique for Medical Asepsis; Special Skin Care; Baths; The Cardinal Signs, Positioning the Bed Patient; and Assist with Procedures, Parts A, B, and C.

Performance Checklist: see page 70.

Audiovisual Aids:

BN-121. "Application of Binders and Bandages." Trainex Corporation, Garden Grove, California 92642.

References:

Hoffman, Claire P., Gladys B. Lipkin, and Ella M. Thompson. Simplified Nursing, 8th ed. Philadelphia: J. B. Lippincott Co., 1968, pp. 524-29.

Leake, Mary J. A Manual of Simple Nursing Procedures, Philadelphia: W. B. Saunders Co., 1971, pp. 177-81.

Mayes, Mary E. Abdallah's Nurse's Aide Study Manual, 2nd ed. Philadelphia: W. B. Saunders Co., 1970, pp. 172-74.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed., Philadelphia: W. B. Saunders Co., 1969.

PREOPERATIVE CARE OF A PATIENT

Target Group:

Any health worker who prepares patients for surgical procedures.

Prerequisites for this Unit:

Urine Elimination, Bowel Elimination, Assist with Spiritual Care, The Cardinal Signs, Care of the Hair, Baths, Special Skin Care, Assisting the Patient to Dress and Undress, Fluid Intake and Output, Observing Intravenous Therapy, and Care of Patients with Gastrointestinal Tubes.

Performance Checklist: see page 71.

Audiovisual Aids:

BN-116. "Preoperative and Postoperative Care."
PC-179. "Preoperative Skin Preparation."
Trainex Corporation, Garden Grove, California 92642.

References:

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 14-1 to 14-14.

Burkhardt, Mari. "Response to Anxiety," American Journal of Nursing, Vol. 16, No. 10 (October 1969), pp. 2153-54.

Goodale, Raymond H. and Frances K. Widman. Clinical Interpretation of Laboratory Tests, Philadelphia: F. A. Davis Co., 1969, pp. 3-59, 189-215.

Healy, Kathryn M. "Does Preoperative Instruction Make a Difference?" American Journal of Nursing, Vol. 68, No. 1 (January 1968) pp. 62-67.

Kennedy, Suzanna. "Not the Same Man," American Journal of Nursing, Vol. 70, No. 12 (December 1970), pp. 2618-20.

Smith, Dorothy W., Carol P. Germain, and Claudia D. Gips. Care of the Adult Patient, Philadelphia: J. B. Lippincott Co., 1971.

Weiler, M. Casel, Sr. "Postoperative Patients Evaluate Preoperative Instruction," American Journal of Nursing, Vol. 68, No. 7 (July 1968), pp. 1465-68.

Williams, Lester F., Jr. "The Acute Abdomen," American Journal of Nursing, Vol. 71, No. 2 (February 1971), pp. 299-303.

PREPARATION OF CONSENTS, RELEASES AND INCIDENTS

Target Group:

Any health worker who is assigned the responsibility of obtaining consents or releases, and who prepares Incident Reports.

Prerequisites for this Unit:

The Health Worker and the Law, and Introduction to Ethics in the Healing Arts.

Performance Checklist: see page 73.

References:

Creighton, Helen. Law Every Nurse Should Know, 2nd ed. Philadelphia: W. B. Saunders Co., 1970.

Hershey, Nathan. "The Law and the Nurse," (Minors and Consents), American Journal of Nursing, Vol. 68, No. 11 (November 1968), pp. 2396-98.

Hershey, Nathan. "The Law and the Nurse," (Nurse's Notes Can Play a Critical Role in Court), American Journal of Nursing, Vol. 69, No. 11 (November 1969), pp. 2403-05.

Ludlam, James E. (legal counsel), "Consent Manual," California Hospital Association, 1970.

POSTOPERATIVE CARE

Target Group:

Any health worker who may be assigned to care for the postoperative patient.

Prerequisites for this Unit:

The Cardinal Signs, Fluid Intake and Output, Observing Intravenous Therapy, Positioning the Bed Patient, Patient Movements and Ambulation, and Making Hospital Beds.

Performance Checklist: see page 75.

Audiovisual Aids:

BN-116. "Preoperative and Postoperative Care."
SN-149. "Oxygen Administration."
SN-146. "Gastric and Gastrointestinal Decompression."
Trainex Corporation, Garden Grove, California 92642.

References:

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 15-1 to 15-9.

Bosanko, Lydia A. "Immediate Postoperative Prosthesis," American Journal of Nursing, Vol. 71, No. 2 (February 1971), pp. 280-83.

Gardill, Norma, et al. "Post-Operative Management of the Patient: A Panel Discussion," Nursing Clinics of North America, Vol. 3, No. 3 (September 1968), pp. 491-505.

Guyton, Arthur. Textbook of Medical Physiology, 4th ed. Philadelphia: W. B. Saunders Co., 1971.

Smith, Dorothy W., Carol P. Germain, and Claudia D. Gips. Care of the Adult Patient, 3rd ed. Philadelphia: J. B. Lippincott Co., 1971.

Sutton, Audrey. Bedside Nursing Techniques, 2nd ed. Philadelphia: W. B. Saunders Co., 1969, pp. 272-304.

ISOLATION TECHNIQUE

Target Group:

Any health worker who is involved in the care of the isolated patient.

Prerequisites for this Unit:

Handwashing Technique for Medical Asepsis; Body Alignment, Balance and Movement for Health Workers, Parts I and II; Assist with Nutrition; The Cardinal Signs; Urine Elimination; Bowel Elimination; Fluid Intake and Output; Observing Intravenous Therapy; Assisting with Spiritual Care; Positioning the Bed Patient; Admission, Transfer and Discharge; Care of Patients Receiving Oxygen Therapy; Baths; Making Hospital Beds; Care of the Hair; and Special Skin Care.

Performance Checklist: see page 76.

Audiovisual Aids:

616-6. "Body Defenses Against Disease." Pennsylvania State University, University Park, Pa.

"Epidemiology of Staphylococcal Infections." U.S. Public Health Service Communication Center, Chamblee, Georgia.

"Hospital Sepsis." Medical Motion Pictures, American Medical Association, Chicago, Illinois.

"Hospital Sepsis, A Communicable Disease." ANA-NLN Film Library, New York.

"Pressure Steam Sterilization." Ideal Pictures, New York.

"Skin Antiseptics." Iodine Educational Bureau, New York.

HK-133. "Cleaning the Isolation Room."
BN-110. "Medical Asepsis."
HK-139. "Bacterial Control."
BN-118. "Isolation Technique."
Trainex Corporation, Garden Grove, California 92642.

T-0130. "Sensory Deprivation."
T-0131. "The Patient with a Communicable Disease."
T-0133. "Protecting the Patient from His Environment."
Train-Aide, Glendale, California 91201.

References:

Barham, Virginia Z. "Changing the Attitude of Hospital Nurses," Nursing Outlook, Vol. 19, No. 8 (August 1971), pp. 538-40.

Barham, Virginia Z. "How I Wanted to be Treated," Nursing Outlook, Vol. 19, No. 1 (January 1971), pp. 48-49.

Being a Nurse Aide. Hospital Research and Educational Trust, Chicago, Illinois, 1969, pp. 16-1 to 16-13.

Chirco, Inice. Nursing Manual, Rio Hondo College Book Store, Whittier California; Mimeographed, 1961, pp. 53-56.

Donovan, Joan, Edith Belsjoe, and Daniel Dillon. The Nurse Aide, New York: McGraw-Hill Book Co., 1968, pp. 364-74.

Fox, John P., Carrie E. Hall, and Lila R. Elvebach. Epidemiology: Man and Disease, Riverside, New Jersey: The MacMillan Co., 1970.

Kelly, Hugh B. "Patient Population and Treatment Choices," Nursing Outlook, Vol. 19, No. 8 (August 1971), pp. 541-42.

Murphy, Patricia. "Tuberculosis Control in San Francisco's Chinatown," American Journal of Nursing, Vol. 70, No. 5 (May 1970), pp. 1044-46.

PERFORMANCE CHECKLIST

Unit: Urine Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
24-HOUR URINE COLLECTION				
1. Identified patient.				
2. Obtained equipment with preservative and transported to patient's room.				
3. Posted warning signs.				
4. Stored collection jugs in refrigerator or buckets if indicated.				
5. Requested patient to void approximately 5 minutes before collection begins.				
6. Transferred urine to the appropriate jug after each voiding.				
A. Made sure to measure quantity and record.				
7. Had patient void approximately 5 minutes prior to the end of the 24-hour collection.				
8. Marked jugs appropriately.				
9. Marked laboratory slip appropriately.				
10. Marked charge vouchers appropriately.				
11. Arranged for immediate transfer of specimen to laboratory.				
12. Informed patient that the collection period was completed.				
13. Removed written warnings and equipment from room.				
14. Obtained patient's chart and recorded pertinent information pertaining to the urine collection.				
COLLECTION OF A CLEAN-CATCH SPECIMEN				
1. Identified patient.				
2. Obtained supplies and equipment.				
3. Washed hands.				
4. Explained procedure to patient.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Urine Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
5. Provided for patient's privacy.				
6. Cleansed the genital area.				
7. Assisted patient to bathroom.				
8. Requested patient to void.				
9. Asked patient to interrupt voiding.				
10. Collected specimen after the interruption.				
11. Transferred specimen to specimen jar.				
12. Assisted patient to bed.				
A. Provided opportunity for patient to cleanse self.				
13. Labeled specimen with all appropriate information.				
14. Arranged to have specimen transported to laboratory with all pertinent information.				
15. Returned to patient's room and provided for patient's comfort and safety.				
16. Restored bathroom to clean condition.				
17. Recorded activity on patient's chart.				
DIABETIC TESTING				
1. Washed hands.				
2. Identified patient.				
3. Explained procedure.				
4. Obtained urine specimen.				
5. Transported urine specimen to work area.				
6. Performed the indicated diabetic test.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Urine Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
7. Compared the reading of the test to the color chart.				
8. Recorded the reading on the patient's chart.				
POSITIONING THE BEDPAN				
1. Washed hands.				
2. Identified patient.				
3. Explained procedure to patient.				
4. Obtained necessary materials.				
5. Raised the distal siderail.				
6. Assisted patient to lateral position.				
7. Placed bedpan appropriately.				
8. Returned patient to supine position.				
9. Elevated patient to a sitting position.				
10. Provided patient with privacy and safety.				
11. Lowered head of the bed.				
12. Helped patient return to a lateral position.				
13. Held the bedpan during the move to avoid spilling contents.				
14. Removed the bedpan.				
15. Assisted the patient with personal cleansing if necessary.				
16. Provided for patient's comfort and safety.				
17. Emptied contents of bedpan.				
18. Washed bedpan thoroughly.				
19. Recorded significant observations of the urine.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
IDENTIFICATION OF ABNORMAL FECES				
1. Identified at least five of the following abnormal conditions of the feces:				
A. Brown - is normal.				
Green - too much sugar in infant's diet.				
Greenish-black - (meconium) newborn infant.				
Orange-yellow - breast fed infant.				
Green - from chlorophyll.				
Some drugs may color the stool.				
Clay - lack of bile secretion.				
Chalky-white - ingestion of X-ray preparation solutions.				
Light tan - undigested fat.				
B. Blood: bright red indicates hemorrhage in lower bowel or from hemorrhoids.				
1) Dark brown to black indicates bleeding high in G.I. tract.				
C. Mucus indicates irritation or inflammation of lining of intestine.				
D. Parasitic worms: tapeworms, roundworms, pinworms.				
E. Pus indicates drainage from infected portion of intestinal tract.				
F. Constipation.				
G. Diarrhea.				
COLLECTION OF STOOL SPECIMENS				
1. Gathered equipment.				
A. Two tongue blades.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
B. Specimen container and lid.				
C. Paper towel.				
2. Washed hands.				
3. Collected specimen.				
4. Removed bedpan and took to appropriate work area.				
5. Wrote patient's name, room number, and date in proper place on container.				
6. Transferred with tongue blade, at least one tablespoon of stool from bedpan to specimen container.				
7. Put lid on container, and wrapped and discarded tongue blade.				
8. Emptied, cleaned, and returned bedpan to storage.				
9. Completed laboratory requisition. Checked patient's name on requisition and specimen container to be sure they were the same. Was sure to use correct lab slip, indicating type of test ordered, date, and time stool was passed.				
10. Took to lab stat. Should be able to explain that delay in taking specimen to lab would alter the stool and give a false reading.				
11. Recorded on patient's chart.				
BOWEL TRAINING				
1. Described factors in retraining the incontinent patient:				
A. An adequate diet.				
B. Adequate liquids, at least 2,500 cc liquid daily.				
C. Sleep and exercise within patient's physical limits.				
D. Regular time for bowel evacuation based on his prior habits.				
E. At least 20 minutes allowed for bowels to move.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
F. Suppository may be used on doctor's order. Given daily at same time for first week, then every other day the second and third weeks, and then PRN.				
ENEMA				
1. Collected materials needed and washed hands.				
2. Prepared solution as ordered (temperature at 105°F).				
3. Took to patient's room and placed on chair near bed.				
4. Identified patient.				
5. Explained procedure and enlisted patient's cooperation.				
6. Washed hands.				
7. Correctly prepared patient: screen for privacy, drapes, positioned patient, adjusted bed height, and lowered siderails.				
8. Prepared to give enema.				
A. Lubricated tube about one inch.				
B. Expelled air from tube.				
C. Allowed solution to run into bedpan.				
D. Clamped tube.				
9. Inserted rectal tube, slowly and gently, four inches.				
10. Opened clamp.				
A. Ran solution slowly.				
B. Held can 12 to 18 inches above anus.				
C. Clamped tubing and waited if patient complained of cramps. Instructed patient to breathe deeply through mouth.				

-CONTINUED-

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
11. Removed rectal tube and placed in paper towel.				
12. Removed bedpan.				
A. Emptied (observed contents).				
B. Cleaned bedpan.				
C. Stored bedpan.				
13. Left patient comfortable.				
A. Permitted patient to wash and dry hands.				
B. Used deodorizer if available and needed.				
14. Recorded activity on chart.				
HARRIS FLUSH				
1. Collected equipment.				
2. Identified and informed patient of procedure.				
3. Prepared patient.				
4. Washed hands.				
5. Prepared rectal tube.				
A. Lubricated tube.				
B. Expelled air from tube.				
6. Inserted tube four inches.				
7. Raised can 12 to 18 inches above anus.				
8. Unclamped tube and inserted 250 to 300 cc solution.				
9. Regulated flow with patient's ability to retain.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
10. Drained solution from colon by lowering can to 12 to 18 inches below anus.				
11. Repeated steps 4, 5 and 6 until no more flatus. (Procedure will have taken at least 15 minutes.)				
12. Removed rectal tube and placed in paper towel.				
13. Provided for patient's comfort.				
14. Removed equipment.				
A. Cleaned.				
B. Returned to storage.				
15. Recorded treatment on patient's chart.				
IRRIGATE COLOSTOMY				
1. Assembled equipment.				
2. Washed hands.				
3. Prepared solution (temperature 105°F or 40.5°C) 1,000 to 2,000 cc.				
4. Identified patient and informed him of procedure.				
5. Prepared patient for procedure and provided for his privacy.				
6. Attached plastic irrigating bag to appliance, or placed plastic apron over patient.				
7. Placed distal end in commode (toilet) to direct flow.				
8. Clamped tubing.				
A. Poured 1,000 cc solution into irrigating can.				
B. Expelled air.				
C. Hung can on IV stand.				
9. Lubricated tip of catheter.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Bowel Elimination

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
A. Placed in stoma about 6 to 8 inches.				
B. Unclamped tubing as inserted for easier insertion.				
10. Inserted 250 cc solution.				
11. Removed catheter.				
12. Placed irrigating bag over stoma and allowed solution to drain out.				
13. Repeated step 8 until solution returned clear, no flatus.				
14. Removed irrigating bag (or apron).				
15. Cleansed skin and dried.				
16. Attached clean colostomy bag (patient may do this himself). Let patient wash hands.				
17. Left patient comfortable.				
18. Cleaned, dried, and returned equipment to storage.				
19. Recorded treatment on patient's chart.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Collection of Sputum and Gastric Specimens, and Care of the Vomiting Patient

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
COLLECTION AND PREPARATION OF GASTRIC SPECIMEN				
1. Obtained necessary items, and prepared the labels after washing hands.				
2. Identified patient as the one who produced the specimen.				
3. Took the basin of aspirated gastric contents and poured them into specimen container or test tube.				
4. Put lid or stopper on the container, cleaned the outer surfaces, and attached the label.				
5. Arranged for the delivery of the specimen and laboratory slip to the laboratory.				
6. Washed, dried, and returned all equipment to the proper place.				
7. Recorded pertinent information on patient's chart.				
CARE OF THE VOMITING PATIENT				
1. After washing hands, approached patient and provided for his privacy.				
2. Positioned patient's head to the side, with emesis basin under cheek.				
3. Used tissues to wipe vomitus from mouth, nose, and face.				
4. Measured the emesis, noted the characteristics, and discarded it.				
5. Washed, dried, and returned emesis basin to bedside.				
6. Provided oral hygiene for patient, or solution to rinse out his mouth.				
7. Washed patient's face and hands.				
8. Changed any soiled linen on bed.				
9. Aired the room, if possible.				
10. Instructed patient on ways to reduce feelings of nausea and vomiting.				
11. Provided for patient's safety and comfort.				
12. Removed soiled linen from room.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Unit: Collection of Sputum and Gastric Specimens, and Care of the Vomiting Patient

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
13. Recorded pertinent information on patient's chart.				
COLLECTION OF SPUTUM SPECIMENS				
1. Washed hands.				
2. Obtained the necessary items and prepared the labels correctly.				
3. Identified the patient.				
4. Instructed patient on how to collect the specimen.				
5. Provided for the patient's privacy.				
6. Assisted patient as needed.				
7. Avoided contamination of hands, uniform, and container with patient's sputum.				
8. Sealed the container, washed and dried the outside of the container.				
9. Applied label to container.				
10. Put labeled container and laboratory slip in paper bag for delivery to laboratory.				
11. Provided for the patient's safety and comfort.				
12. Arranged for delivery of specimen to the laboratory.				
13. Recorded pertinent information on patient's chart.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Perineal Care

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
GIVING PERINEAL CARE TO A FEMALE PATIENT				
1. Washed hands.				
2. Obtained all needed supplies.				
3. Identified patient and approached her in a matter-of-fact, reassuring manner.				
4. Provided for patient's privacy by closing door, pulling curtain, or using screens.				
5. Positioned patient on her back with knees bent and elevated.				
6. Draped patient with bath blanket to prevent undue exposure.				
7. Removed soiled dressing or pad.				
8. Placed patient on bedpan with a Chux under the hips and pan.				
9. Poured water or solution of 105°F over the perineal area.				
10. Used moistened cotton balls, one at a time, and stroked gently from pubic area toward rectum once with each to cleanse perineum.				
11. Used dry cotton balls, gauzes, or tissue to dry the perineum, stroking from front to rectum one time with each ball.				
12. Removed bedpan and applied clean pad.				
13. Discarded all soiled dressings, pads, cotton balls, etc., by wrapping them in paper before disposing of them.				
14. Provided for patient's comfort by removing bath blanket, adjusting top covers, placing signal cord, elevating siderail, etc.				
15. Removed equipment from bedside and cleaned it before returning it to storage place.				
PERINEAL CARE FOR THE MALE PATIENT				
1. Washed hands.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Perineal Care

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
2. Obtained all supplies.				
3. Identified patient and approached him in a matter-of-fact, reassuring manner.				
4. Stated ways which would attempt to reduce embarrassment, e.g., explanation of procedure, reasons for it, avoiding suggestive conversation or actions, etc.				
5. Provided for patient's privacy by closing door, pulling curtain, or using screens.				
6. Positioned patient on his back with knees bent and elevated.				
7. Draped patient with bath blanket to prevent undue exposure.				
8. Removed soiled dressing.				
9. Placed Chux under hips and placed him on bedpan.				
10. Poured water or solution of 105°F over perineal area.				
11. Cleaned perineum by using moistened cotton balls and stroking gently from pubic area toward rectum once with each one.				
12. Dried perineum by using dry cotton balls, gauze, or tissue wiping from the front to rectum once with each one.				
13. Removed bedpan.				
14. Applied clean dressing and secured it with a double-tailed T-binder.				
A. T-binder and dressing applied correctly to support scrotum.				
15. Discarded all soiled dressings, pads, cotton balls, etc., by wrapping them in paper before disposing of them.				
16. Provided for patient's comfort by removing bath blanket, adjusting top covers, placing signal cord, elevating siderail, etc.				
17. Removed equipment from bedside and cleaned it before returning it to storage place.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Care of the Patient with Gastrointestinal Tubes

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
REMOVAL AND REPLACEMENT OF DRAINAGE BOTTLE				
1. Washed hands.				
2. Identified patient.				
3. Explained procedure.				
4. Turned off suction.				
5. Removed stopper from bottle.				
6. Poured contents of jar into graduate cylinder.				
7. Attached new drainage jar to the apparatus.				
8. Replaced rubber stopper.				
9. Turned on suction machine (put in operation for several minutes).				
10. Measured and recorded.				
A. Volume.				
B. Color.				
C. Odor.				
D. Consistency.				
11. Rinsed and dried materials used.				
12. Provided for patient comfort and safety.				
13. Informed patient of time of return.				
GAVAGE				
1. Washed hands and prepared equipment.				
2. Approached and identified the patient.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Care of the Patient with Gastrointestinal Tubes

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
3. Positioned patient (Fowler's).				
4. Handed emesis basin and Kleenex to patient.				
5. Poured 1 ounce water, room temperature, into funnel to check that tubing is patent.				
6. Poured warmed formula (105°F) into syringe.				
7. Regulated flow by raising and lowering the feeding tube.				
8. Kept level of formula above neck of syringe to prevent air from entering the stomach.				
9. Continued giving formula until prescribed amount was given.				
10. Poured 1 to 2 ounces water to clear tube.				
11. Clamped tube; removed funnel from tube.				
12. Secured distal end of tube.				
13. Gave oral hygiene and nose care.				
14. Left patient comfortable (position in good alignment, call cord and bedside stand nearby, told patient when would return).				
15. Charted activity.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
ORAL TEMPERATURE WITH GLASS THERMOMETER				
1. Washed hands.				
2. Approached patient and explained procedure.				
3. Obtained the equipment.				
4. Prepared equipment for use.				
A. Cleaned the thermometer according to agency regulations.				
B. Rinsed the thermometer in cold water if necessary.				
5. Checked the level of mercury in the thermometer; if above 96 degrees Fahrenheit, the level must be lowered by shaking.				
6. Placed thermometer in patient's mouth.				
A. Placed under the tongue.				
B. Placed deep into the area.				
C. Requested the patient to keep mouth closed.				
7. Left the thermometer in place from 3 to 5 minutes.				
8. Removed thermometer holding top end between thumb and index finger.				
9. Wiped thermometer with tissue, making sure to wipe from top to bottom.				
10. Read the thermometer.				
11. Placed thermometer in holder.				
12. Recorded appropriately on chart.				
ORAL TEMPERATURE WITH ELECTRIC THERMOMETER				
1. Washed hands.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
2. Approached patient and explained procedure.				
3. Obtained equipment.				
4. Prepared electric thermometer for use.				
A. Placed a clean cover on the probe.				
B. Warmed up the machine.				
5. Inserted probe under the patient's tongue.				
A. Asked patient to keep mouth closed.				
B. Made sure to insert probe into rear of the oral cavity.				
6. Left thermometer in place from 10 to 20 seconds.				
7. Removed thermometer.				
A. Wiped thermometer with tissue from top to bottom.				
B. Removed the disposable cover.				
8. Read the scale.				
9. Recorded the temperature on the patient's chart or appropriate worksheet.				
OBTAINING A RECTAL TEMPERATURE WITH A GLASS THERMOMETER				
1. Washed hands.				
2. Identified and approached the patient.				
3. Obtained equipment.				
A. Thermometer.				
B. KY jelly.				
4. Positioned patient in Sims' position, being careful to maintain his privacy and warmth.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
5. Inserted thermometer into the rectum.				
A. Lifted upper buttocks slightly.				
B. Inserted lubricated end of thermometer about 1½ inches into rectum.				
6. Left thermometer in cavity from 3 to 5 minutes.				
A. Made sure to hold thermometer during entire time because it could slip into the rectum.				
7. Removed thermometer and wiped it clean with gauze or tissue, wiping from top to bottom.				
8. Read the temperature.				
9. Recorded temperature on chart.				
10. Made sure to indicate temperature was taken rectally (R).				
OBTAINING RECTAL TEMPERATURE WITH AN ELECTRIC THERMOMETER				
1. Washed hands.				
2. Approached and identified patient, and explained the procedure.				
3. Obtained equipment.				
4. Prepared equipment for use.				
A. Inserted a probe on the thermistor.				
B. Warmed up machine.				
C. Coated the probe with lubricant.				
5. Positioned patient in Sims' position, being careful to maintain his privacy and warmth.				
6. Inserted thermometer into rectum.				
A. Lifted upper buttocks slightly.				
B. Inserted lubricated end of thermometer about 1½ inches into rectum.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
7. Left thermometer in cavity from 10 to 20 seconds.				
A. Made sure to hold thermometer during entire time because it could slip into the rectum.				
8. Read the temperature on the dial indicator.				
9. Recorded temperature on chart.				
10. Indicated temperature was taken rectally (R).				
TAKING TEMPERATURE BY AXILLARY METHOD				
1. Washed hands.				
2. Identified patient and explained procedure.				
3. Obtained equipment--glassblown thermometer.				
4. Prepared equipment for use.				
A. Shook down thermometer if necessary.				
B. Rinsed and wiped dry if necessary.				
5. Placed thermometer in patient's axilla--made sure it was dry.				
6. Left thermometer holding top end between thumb and index finger for 10 minutes.				
7. Removed thermometer holding top end between thumb and index finger.				
8. Wiped thermometer with tissue, making sure to wipe from top to bottom.				
9. Read the thermometer.				
10. Placed thermometer in holder.				
11. Recorded on chart indicating axillary temperature (A).				
TAKING PULSE (RADIAL, FEMORAL AND TEMPORAL)				
1. Washed hands.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
2. Identified and approached patient.				
3. Explained procedure to patient.				
4. Placed three middle fingertips over the appropriate artery.				
5. Counted the pulsations for specific period of time--usually 60 seconds.				
6. Noted the rate, force, and rhythmicity of the beats.				
7. Recorded appropriately.				
OBSERVING RESPIRATORY RATE				
1. Identified patient.				
2. Important that patient is not aware of procedure.				
3. Observed the rate, depth, and rhythm of respiration.				
4. Recorded appropriately on chart.				
TAKING AN APICAL PULSE RATE				
1. Washed hands.				
2. Identified patient and explained procedure.				
3. Obtained equipment.				
4. Positioned patient, and provided for his privacy, warmth, and comfort.				
5. Warmed the stethoscope with hands.				
6. Placed diaphragm of stethoscope over apex of the heart.				
7. Inserted earpieces in the ears (the bend should be forward in the ears).				
8. Listened for heart sound, and adjusted location of diaphragm if necessary.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
9. Recorded apical pulse rate noting:				
A. Rate.				
B. Force.				
C. Rhythm.				
10. Removed stethoscope from ears and chest.				
11. Recorded information on patient's chart.				
12. Cleaned and replaced equipment in proper area.				
BLOOD PRESSURE				
1. Washed hands.				
2. Identified patient and explained procedure.				
3. Obtained equipment.				
4. Positioned patient.				
5. Attached the equipment to the patient appropriately.				
A. Placed cuff at approximately heart level, 2 inches above elbow.				
B. Wrapped cuff neatly around arm.				
C. Secured cuff end with tape or adhesive.				
6. Attached tubes from blood pressure cuff to:				
A. Air pump.				
B. Sphygmomanometer.				
7. Adjusted stethoscope position:				
A. Arranged ear pieces.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: The Cardinal Signs

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
B. Placed diaphragm over brachial artery.				
8. Closed valve on air pump.				
9. Inflated cuff.				
A. Minimum of 180 mm of mercury.				
B. Informed patient that this may cause some tingling.				
10. Opened valve of air bulb--released pressure slowly.				
11. Observed mercury column and listened to the pulse sounds carefully.				
A. Recorded the value when the mercury began to fluctuate and when the first sound was heard.				
12. Continued to decrease pressure slowly.				
13. Recorded value when mercury ceased to fluctuate and when last sound was heard.				
14. Repeated the process to check recording.				
15. Removed equipment from patient's arm.				
16. Returned materials and equipment to storage.				
17. Recorded readings on patient's chart.				
18. Cleaned the stethoscope. Returned it to storage.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Admission, Transfer and Discharge

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
ADMISSION				
1. Adjusted height of bed--on notification patient is to be admitted. (Low--if patient is ambulatory; high--if on stretcher.)				
2. Prepared environment:				
A. Opened bed.				
B. Adjusted lights.				
C. Temperature.				
D. Ventilation.				
3. Placed gown on top of bed.				
4. Assembled admitting equipment:				
A. Urine specimen container.				
B. Sphygmomanometer.				
C. Stethoscope.				
D. Thermometer.				
E. Admission checklist.				
5. Awaited patient's arrival.				
6. Greeted patient and checked his identification band.				
7. Gave chart to nurse.				
8. Introduced self.				
9. Took patient to room.				
10. Washed hands.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Unit: Admission, Transfer and Discharge

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
11. Pulled screen.				
12. Assisted patient into gown (own or hospital).				
13. Obtained urine specimen.				
14. Hung clothes neatly in closet.				
15. Inspected for pediculi.				
16. Inquired about valuables and medications, took necessary steps.				
17. Did patient physical inventory:				
A. Temperature.				
B. Blood pressure.				
C. Weight.				
D. Observed objective symptoms.				
D. Elicited subjective symptoms from patient.				
18. Explained hospital procedures:				
A. Call signal.				
B. Emergency call system.				
C. Television.				
D. Bed controls.				
19. Explained agency schedules and procedures:				
A. Meals.				
B. Visiting.				
C. Laboratory and X-ray exams.				

-CONTINUED-

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Admission, Transfer and Discharge

Student: _____

Instructor: _____

Date: _____ .

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
D. Prep.				
E. Volunteer service.				
F. Uniforms.				
G. Types of personnel.				
20. Provided for safety:				
A. Lowered bed.				
B. Siderails.				
C. Controls.				
D. Bedside stand nearby.				
21. Left patient comfortable and in good body alignment.				
TRANSFER				
1. Washed hands, identified patient, and explained the procedure.				
2. Collected patient's personal items.				
3. Obtained stretcher or wheelchair to transport patient:				
A. Obtained utility cart to transfer patient's personal items, if needed.				
B. Checked equipment for safety.				
4. Transferred patient to new location:				
A. Used good body movement for self and patient.				
B. Used safety precaution with mechanical aid, i.e., safety belt.				
5. Took chart and medications with patient.				
6. Installed patient in new unit and left patient neat and comfortable.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Admission, Transfer and Discharge

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
7. Introduced new roommate and staff.				
8. Returned stretcher or wheelchair to storage area.				
9. Returned to former patient unit and stripped room for terminal cleaning.				
10. After room was cleaned, restocked supplies and made ready for new admission.				
11. Charted procedure on nurse's notes.				
DISCHARGE				
1. Obtained discharge order.				
2. Washed hands, identified patient, and explained the procedure.				
3. Obtained valuables.				
4. Checked to see if special instructions were carried out, i.e., take-home medications available, special diet instructions given, etc.				
5. Checked dressings or bandages, and changed them if necessary.				
6. Assisted patient to pack and dress (made sure all personal items were packed).				
7. Verified final Business Office clearance.				
8. Obtained wheelchair and utility cart for transportation, and checked safety features, i.e., safety belts.				
9. Transported patient and belongings to discharge area.				
10. Assisted patient into car:				
A. Used good body movement for patient and self.				
B. Used safety principles, i.e., locked wheels of chair.				
11. Returned wheelchair to storage area:				
A. Cleaned and checked wheelchair for needed repairs.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Admission, Transfer and Discharge

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
B. Prepared work requisition if repairs were needed.				
12. Returned to patient's room, stripped and made ready for terminal cleaning.				
13. Made room ready for new patient after cleaning was completed.				
14. Recorded activity on nurse's notes.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Care of the Dying Patient and Postmortem Care

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
1. Assembled equipment in room.				
2. Screened patient (drew curtains and closed door).				
3. Adjusted bed to working height, flattened bed.				
4. Placed body in supine position, eyes closed, dentures in place, arms at side or across chest, and pillow under head.				
5. Removed jewelry and listed personal articles.				
6. Cleaned body and packed orifices.				
7. Arranged hair.				
8. Removed tubes (if no autopsy). Tubes remain in if an autopsy is to be performed.				
9. Changed dressings.				
10. Changed patient's clothing according to agency procedure.				
11. Identified body with labeled tag on toe, wrist, chest (followed agency procedure).				
12. Wrapped body in shroud and attached label.				
13. Moved body to stretcher using correct body movement and alignment.				
14. Secured safety belts at knees and chest.				
15. Transported body to morgue.				
16. Returned to room for stripping and final cleaning.				
17. Disposed of valuables according to agency procedure.				
18. Recorded activities on chart.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Care of Patients Receiving Oxygen Therapy

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
USE OF OXYGEN THERAPY EQUIPMENT				
1. Washed hands, identified patient, and explained procedure.				
2. Assembled appropriate equipment and positioned bed to working height.				
3. For catheter:				
A. Measured catheter length for insertion (nose to ear lobe).				
B. Lubricated tip with water soluble lubricant.				
C. Inserted catheter and checked length by looking in mouth.				
D. Secured catheter with tape.				
4. For cannula and mask:				
A. Placed equipment in or over nose.				
B. Adjusted head strap for comfort.				
5. For tent:				
A. Placed tent along top side of bed with regulating dials away from patient.				
B. Extended canopy arm.				
C. Plugged in electrical cord (no frayed cords or wet hands).				
D. Turned on motor and set dials.				
E. Set temperature at 70°F.				
F. Connected oxygen to wall outlet or oxygen tank.				
G. Arranged canopy over tent, secured bottom edge in cuff of drawsheet.				
H. Closed zippered openings.				
6. Regulated oxygen flow per physician's order.				

-CONTINUED-

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Care of Patients Receiving Oxygen Therapy

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
7. Left patient comfortable and in good body alignment.				
8. Offered water and told patient time of return.				
9. Siderails raised if indicated and hand call bell within reach.				
10. Recorded activity on chart.				
REGULATION OF FLOWMETER				
1. Washed hands.				
2. Approached and identified patient, and explained procedure.				
3. Checked flowmeter to be sure humidifier bottle was 2/3 filled with water. If not filled, turned off oxygen, removed jar, filled to 2/3 level, and replaced jar on flowmeter.				
4. Adjusted flow by opening flow valve until gauge read 4 LPM. (checked by instructor)				
5. Continued adjusting flow valve until gauge read 10 LPM.				
6. Adjusted flow to read 4 LPM.				
7. Recorded activity on nurse's notes.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Cardiopulmonary Resuscitation

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
PERFORMANCE OF MOUTH-TO-MOUTH RESUSCITATION				
1. Noted the time.				
2. Observed patient for signs of pulse and respiration.				
3. Observed pupils of eyes for dilation.				
4. Summoned help (simultaneously performed with the above steps).				
5. Positioned patient for resuscitation (placed in dorsal recumbent position).				
6. Removed obstructions from patient's airway.				
A. Chewing gum.				
B. False teeth.				
C. Other materials which may have obstructed airway.				
7. Hyperextended the patient's neck (attempted to form a straight passageway).				
8. Sealed patient's nose with thumb and index finger.				
9. Took a deep breath.				
10. Placed own mouth over patient's mouth.				
11. Exhaled into patient's mouth.				
A. Observed the patient's chest (inflated the lungs about twice the usual inspiration).				
B. Observed the abdomen for distention (abdomen raised, placed free hand on top of the bubble and pressed down firmly, forcing air into the lungs).				
12. Removed mouth from patient's mouth, allowing patient to exhale.				
13. Repeated cycle approximately 12 to 15 times per minute for an adult, and approximately 20 times per minute for child.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Cardiopulmonary Resuscitation

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
14. NOTE: When applying procedure to an infant, the following adaptations should be made:				
A. Place mouth over the mouth and nose of patient.				
B. Exhale smaller amounts of air (puffs of air).				
EXTERNAL CARDIAC MASSAGE				
1. Assumed that artificial respiration procedures had been initiated.				
2. Maintained patient's respiration.				
3. If required, placed patient on cardiac board or a non-compressible surface such as the floor.				
4. Positioned self appropriately (patient's side was chest level).				
5. Placed heel of one hand over the lower half of patient's sternum.				
6. Placed remaining hand on top of first hand.				
A. Made sure to keep elbows straight.				
B. Did not permit fingers to contact the chest wall.				
7. Exerted a sharp downward force on patient's chest (depressed the sternum approximately 1½ to 2 inches).				
8. Permitted chest wall to "rebound" to a normal position.				
9. Repeated the process approximately 60 times per minute.				
10. Continued the procedure until the patient revived or the physician terminated the activity.				
11. Recorded the activity on patient's chart.				
VERBAL QUESTION:				
In the event that one individual must perform both artificial respiration and external cardiac massage, what is the rhythm of action?				
RESPONSE:				
The ratio is 2 ventilations to 15 chest compressions.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part A

Unit: Assisting with Hot and Cold Applications

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
APPLICATION OF A HOT WATER BOTTLE TO THE RIGHT SHOULDER				
1. Washed hands.				
2. Approached and identified the patient.				
3. Obtained hot water bottle and cover from storage.				
4. Filled hot water bottle 1/3 to 1/2 full with hot water.				
5. Expelled excess air from the bottle before securing the top.				
6. Tested the temperature of the bottle against inner aspect of arm.				
7. Put the cover on the bottle.				
8. Took the hot water bottle to patient and explained why it was being used.				
9. Placed the bottle snugly against the patient's right shoulder.				
10. Made sure the patient was comfortable.				
11. Recorded the pertinent information on the patient's chart.				
USE OF A HEAT CRADLE OVER THE EXTREMITIES				
1. Washed hands.				
2. Approached and identified the patient.				
3. Obtained heat cradle and brought it to the bedside.				
4. Provided for the patient's privacy by pulling the curtain.				
5. Folded back top covers without undue exposure of the patient.				
6. Placed the heat cradle over the patient's legs.				
7. Plugged in the cord and turned on the light.				
8. Checked the wattage of the light, and the length and position of the cord.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part A

Unit: Assisting with Hot and Cold Applications

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
9. Inspected the legs for the need for dressings.				
10. Replaced the top covers over the heat cradle but away from the light itself.				
11. Positioned the patient in good alignment.				
12. Adjusted the bed for the patient's comfort.				
13. Stated that he or she would be checked at frequent intervals.				
14. Recorded pertinent information on the patient's chart.				
APPLICATION OF ICE COLLAR TO THE THROAT				
1. Washed hands.				
2. Approached and identified the patient.				
3. Obtained ice collar and cover from storage.				
4. If freeze pack available, proceeded to put cover on it, or				
5. Filled ice pack about 3/4 full with ice.				
6. Expelled air from the pack and wiped outside dry, after closing top.				
7. Wrapped ice collar in cover or a towel.				
8. Applied the ice collar securely to the patient's throat.				
9. Stated that it would be checked frequently.				
10. Made sure the patient was comfortable.				
11. Recorded pertinent information on patient's chart.				
SETTING UP HYPOTHERMIA MACHINE AND CONTROL TEMPERATURE OF 95°F				
1. Washed hands.				
2. Approached and identified the patient, and explained the procedure.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Assist with Procedures: Part A

Unit: Assisting with Hot and Cold Applications

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
3. Obtained the hypothermia machine with all its parts and took it to bedside.				
4. Prepared the hypothermia unit:				
A. Plugged in the cord.				
B. Selected two large K-pads and attached them to the unit.				
C. Filled the reservoir with fluid.				
D. Turned cool and heat dials to 80°, then turned machine on by pushing HEAT button.				
E. Turned machine OFF before adding more fluids.				
F. Tightened cap on the reservoir.				
G. Set COOL dial between 40° and 50° for blanket temperature, and pushed COOL button.				
5. Prepared the patient:				
A. Placed one large K-pad under the patient.				
B. Placed second large K-pad over the patient, and removed his gown.				
C. Placed a sheet over the upper pad on the patient.				
6. Attached thermometer unit to the hypothermia unit.				
7. Inserted the thermistor probe into the patient's rectum.				
8. Set the desired temperature of 95°F on the thermometer unit.				
9. Set the automatic heat/cool button.				
10. Provided for the patient's comfort and reported any shivering.				
11. Stated that the patient's temperature and adjustment of blanket temperature would be checked frequently.				
12. Recorded pertinent information on patient's chart.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part B
Unit: Operation of Patient Turning Frames

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
SET UP AND TRANSFER A PATIENT TO A STRYKER FRAME				
1. Obtained the Stryker frame.				
2. Checked to see if all the parts were there.				
3. Prepared the posterior frame.				
A. Measured and attached the upper, middle, and lower canvas sections to the frame.				
B. Placed the sponge pads on the sections and covered with linen so that all ends were secured.				
C. Placed the posterior frame on the basic frame.				
4. Attached the footboard.				
5. Took the frame to patient's unit.				
6. Washed hands.				
7. Approached and identified the patient.				
8. Explained to the patient the reasons for using the Stryker frame.				
9. Obtained assistance to help transfer the patient.				
10. Locked the wheels of the frame so it would not move.				
11. Cleared furniture and equipment away between the bed and the frame.				
12. Placed bath blanket or sheet over patient during transfer.				
13. Used at least a 3-man carry, lifted on signal, and moved the patient to the frame.				
14. Positioned patient correctly in good alignment on the frame.				
A. Head and neck straight.				
B. Shoulders flat.				
C. Spine (or back) straight.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part B

Unit: Operation of Patient Turning Frames

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
D. Arms supported.				
E. Knees slightly flexed.				
F. Feet against the footboard and supported laterally.				
15. Replaced the top covers on the patient.				
16. Provided for patient's comfort by giving signal cord, etc.				
17. Tidied room.				
18. Recorded the information on patient's chart.				
TURNING A PATIENT TO PRONE POSITION ON STRYKER FRAME				
1. Approached and identified the patient.				
2. Explained what was going to be done.				
3. Provided for patient's privacy by pulling the curtains.				
4. Checked or prepared the anterior frame for use.				
A. Provided space for patient's face.				
B. Provided support for patient's forehead.				
C. Provided space for bottom of frame and patient's feet.				
5. Removed top covers, and smoothed down the patient's gown.				
6. Placed the anterior frame correctly over patient's body.				
7. Secured the ends of the frame to the basic frame.				
8. Removed the arm support if these had been used.				
9. Applied at least 2 safety belts, one around the chest, another around the thighs, and secured them snugly.				
10. Had an assistant help to turn the patient.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part B

Unit: Operation of Patient Turning Frames

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
A. One at the head and one at the foot.				
B. Unlocked safety locks with one hand, held frame with other.				
C. Both turned in clockwise direction smoothly until locked in place.				
11. Removed the posterior frame.				
12. Adjusted the alignment of the patient's body.				
A. Head and neck straight.				
B. Shoulders flat.				
C. Spine straight.				
D. Arms supported.				
E. Knees slightly flexed.				
F. Feet against footboard, and anterior of foot protected from pressure.				
13. Provided for patient's comfort, left call signal within reach, etc.				
14. Reported or recorded the turning procedure.				
TURNING PATIENT IN CIRC-O-LECTRIC BED TO PRONE POSITION AND ALIGN				
1. Approached and identified the patient.				
2. Explained what was going to be done.				
3. Provided for patient's privacy by pulling curtain, closing door.				
4. Checked or prepared the anterior frame for use.				
A. Provided space for patient's face.				
B. Provided support for patient's forehead.				
C. Provided space for bottom of frame and patient's feet.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part B
Unit: Operation of Patient Turning Frames

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
5. Removed top covers, and smoothed down the patient's gown.				
6. Placed the anterior frame correctly over the patient's body.				
7. Secured the ends of the frame to the basic circular frame.				
8. Applied the safety belts and secured them snugly around patient and both frames.				
9. Turned patient slowly by pressing the "face" button on the control.				
10. Removed the posterior frame by pushing the head end up until it locked in place on the frame.				
11. Adjusted the alignment of the patient's body.				
A. Head and neck straight.				
B. Shoulders flat.				
C. Spine straight.				
D. Arms supported.				
E. Knees slightly flexed.				
F. Feet against footboard, and anterior of foot protected from pressure.				
12. Provided for the patient's comfort, left call signal in reach, etc.				
13. Reported or recorded the turning procedure.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part C

Unit: Application of Restraints

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
APPLYING LIMB-HOLDER TO RIGHT WRIST				
1. Checked for doctor's order.				
2. Washed hands.				
3. Obtained a limb-holder or similar soft cloth restraint.				
4. Approached and identified the patient.				
5. Explained what he or she was going to do and why.				
6. Applied the limb-holder or wrist restraint to the right wrist correctly.				
A. Placed padded end around the wrist, or padded it.				
B. Pulled tie through the slit, or made slip or square knot in the gauze or other cloth strap.				
C. Tied loose end to spring portion of the bed.				
D. Made slip, square, and/or half-bow knots correctly.				
7. Checked the wrist and hand to see if circulation was good.				
8. Provided for the patient's comfort and welfare.				
A. Adjusted the bed to allowed position.				
B. Left signal cord within reach.				
C. Made sure patient was in good body alignment.				
9. Stated that patient would be checked in 2 hours or sooner.				
10. Recorded pertinent information on patient's chart.				
APPLYING A JACKET RESTRAINT FOR SUPPORT FOR PATIENT IN WHEELCHAIR				
1. Checked for doctor's order. (Some agencies may not require an order for support, but it would be better to have one.)				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Assist with Procedures: Part C
Unit: Application of Restraints

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
2. Washed hands.				
3. Obtained the jacket support or restraint.				
4. Approached and identified the patient.				
5. Explained what was to be done and why.				
6. Applied the jacket restraint to patient in wheelchair.				
A. Locked the wheels of the wheelchair.				
B. Had an assistant support the patient while jacket was being applied.				
C. Placed large portion of jacket correctly over the patient's chest with shoulder straps at the top.				
D. Stood behind the chair while assistant supported the patient, crossed the lower side ties behind the patient, and tied them behind the wheelchair.				
E. Took the shoulder straps, crossed them behind the patient's shoulders, and tied them behind the wheelchair.				
F. Made square of half-bow knots correctly.				
7. Provided for the patient's comfort and welfare.				
8. Stated that patient would be checked at a specified time.				
9. Recorded pertinent information on patient's chart.				
APPLYING ELBOW RESTRAINTS TO A CHILD AND GIVING CARE WHILE RESTRAINED				
1. Checked for doctor's order.				
2. Washed hands.				
3. Obtained elbow restraints, and tongue blades, if needed.				
4. Approached and identified the patient.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part C

Unit: Application of Restraints

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
5. Prepared the elbow restraints by inserting tongue blades.				
6. Applied the elbow restraints, one on each arm.				
A. Wrapped around arm leaving the tie edge outermost.				
B. Wrapped the ties around the arm and tied in half-bow knots.				
C. Pinned restraint to baby's shirt without sticking baby.				
7. Checked the circulation in the hand.				
8. Provided for the child's comfort.				
A. Adjusted bed, if necessary.				
B. Checked for good alignment of body.				
9. Stated that child would be checked in 2 hous or less to do the following:				
A. Remove one restraint at a time and provide flexion exercise of the elbow, then reapply the restraint.				
B. Change the baby's position.				
C. Provide other care as needed.				
10. Recorded pertinent information on patient's chart.				
APPLYING A SAFETY BELT OR RESTRAINT STRAP AROUND WAIST				
1. Checked for doctor's order.				
2. Washed hands.				
3. Obtained a safety belt or restraint strap.				
4. Approached and identified the patient.				
5. Explained what he or she was going to do and why.				
6. Applied the safety belt or restraint strap around the patient's waist while he is sitting in a chair.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Assist with Procedures: Part C

Unit: Application of Restraints

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
A. Placed strap around patient's waist and back of chair, then tied or buckled it, OR				
B. Placed strap around waist, crossed the straps behind the patient, and tied the ends behind the chair, or buckled, OR				
C. Encircled strap about the waist, tied it to one side in square knot, and then tied it behind the chair.				
D. Made square or half-bow knots correctly.				
7. Provided for the patient's comfort and welfare.				
8. Stated that patient would be checked in 2 hours or sooner.				
9. Recorded pertinent information on patient's chart.				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Unit: Application of Bandages and Binders

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
1. Identified patient.				
2. Washed hands.				
3. Explained the procedure to the patient.				
4. Identified proper bandage for use.				
5. Obtained proper materials.				
6. Identified proper location.				
7. Anchored bandage properly.				
8. Followed specific sequential wrapping procedures.				
A. Smoothness.				
B. Overlap.				
C. Tension:				
1) Pain.				
2) Decreased temperature.				
3) Color change.				
4) Insufficient tension; wrap falls off.				
9. Secured (anchored) tail of bandage.				
10. Charted appropriately.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Preoperative Care of a Patient

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
PREOPERATIVE CHARTING				
1. Completed preoperative entry in nurse's notes with following rules observed:				
A. Legibility.				
B. Printed or written with blue ink; signed each entry with hand-written signature and title.				
C. Date and time of entry, effect, results recorded for each activity.				
D. Did not skip lines.				
E. Corrected error with one line through error, with error notation written above.				
1) If a whole page needed retyping, it was included as a permanent part of the chart.				
F. Described clearly and concisely the appearance, behavior, character, and drainage of excreta, type, location, and duration of pain.				
G. Used standard abbreviations.				
H. Entered each pre-op activity with complete description, time, date, and signature.				
I. Signed specimens out to laboratory in stated manner (from unit on elimination) and followed other laboratory and X-ray procedures.				
J. Charted prep, noting time, type, and by whom.				
K. Charted disposal of valuables.				
2. Completed preoperative checklist with required information on form (observing above rules).				
EXPLAINED AND/OR PREPARED PATIENT FOR A SURGICAL PROCEDURE: DAY PRIOR TO SURGERY				
1. Washed hands, identified patient, and explained procedure.				
2. Took vital signs.				
3. Collected urine specimen.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Preoperative Care of a Patient

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
A. Correctly labeled specimen and attached label to prepared requisition.				
B. Provided for transmittal of specimen to lab.				
4. Explained laboratory and X-ray procedures which will occur.				
5. Prepared surgical consent form and obtained patient's signature.				
6. Explained food and fluid restrictions.				
7. Gave enema.				
8. Explained "prep."				
9. Provided for personal hygiene, e.g., shampoo, shower, oral hygiene, removal of nail polish, etc.				
10. Charted activities on patient's chart.				
EXPLAINED AND/OR PREPARED PATIENT FOR A SURGICAL PROCEDURE: DAY OF SURGERY				
1. Washed hands, identified patient, and explained procedure.				
2. Took vital signs.				
3. Gave a.m. care, cared for hair, and dressed patient in hospital gown.				
4. Removed makeup and jewelry.				
A. Placed valuables in secure place (with family; in agency's safe).				
5. Had patient void (should be able to explain why this is necessary).				
6. Applied safety measures (bedrails up, bed in low position, and smoking articles removed).				
7. Explained Recovery Room Procedure to patient and/or family.				
8. Directed family to waiting room.				
9. Completed Preoperative checklist.				
10. Assisted in transfer of patient to stretcher.				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Preparation of Consents, Releases and Incidents

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
COMPLETION OF CONSENT OR RELEASE FORM				
1. Obtained the proper form and necessary equipment.				
2. Filled in all preliminary information.				
3. Washed hands.				
4. Identified the patient, and explained procedure.				
5. Permitted the patient to read the form, clarified his understanding of the form.				
6. Asked patient to sign the form.				
7. Wrote in date and time the form was signed.				
8. Witnessed the form as required.				
9. Placed the completed form with the patient's chart.				
10. In the event that the patient would not sign, signed the form annotating the record appropriately.				
11. In the event that the patient could write his name or "mark," obtained the signature of two witnesses.				
12. In the event the patient was a minor, obtained parent or gardian's signature.				
COMPLETION OF INCIDENT FORM				
1. Obtained the proper form.				
2. Filled in preliminary information.				
3. Washed hands.				
4. Identified patient.				
5. Explained procedure to patient.				
6. Verified the patient's understanding of the form.				
7. Completed the history of incident as related by the patient--the patient stated that " ".				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Preparation of Consents, Releases and Incidents

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
8. Documented the report, if possible, i.e., listed all individuals familiar with the incident.				
9. Transmitted the form to the appropriate departments.				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Unit: Postoperative Care of a Patient

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
PREPARATION OF PATIENT UNIT FOR POSTOPERATIVE CARE				
1. Obtained instructions for securing special equipment (type of equipment is dependent on patient's condition and surgery procedure performed).				
2. Collected the appropriate equipment, including at least the following items:				
A. Linens.				
B. Tissues.				
C. Sphygmomanometer.				
D. Stethoscope.				
E. Intake/Output record.				
F. IV standard.				
G. Airway.				
H. Paper and pencil.				
3. Prepared postoperative bed (refer to bed making unit if necessary).				
4. Arranged the equipment appropriately.				
5. Ensured that bed was accessible by stretcher.				
6. Maintained respiratory functions.				
7. Took vital signs as directed.				
8. Observed and recorded Fluid Intake and Output.				
9. Checked operative site.				
10. Maintained IV (if appropriate).				
11. Provided for patient's safety.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Isolation Technique: Direct,
Unit: Reverse and Terminal Disinfection

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
GOWNING				
1. Removed rings and wristwatch.				
2. Washed hands.				
3. Selected gown (from cabinet or clothes hook).				
4. Put arms into sleeves, worked on arms, and adjusted on shoulders without contaminating hands.				
5. Tied neck tapes, closed gown at back, and tied waist belt without contaminating hands.				
REMOVE GOWN				
1. Untied waist belt, pushed up sleeves, and washed hands.				
2. Untied neck ties without contaminating hands.				
3. Removed sleeves of gown.				
A. Placed forefinger under one cuff of sleeve.				
B. Pulled sleeve over hand without touching outside of gown.				
C. For other sleeve, worked sleeve off using the gown-covered second hand.				
4. Slipped out of gown - either:				
A. Folded the gown so that interior is together and hung it over hook so that open edge was easily accessible for next person using it.				
B. Disposed of gown in laundry hamper taking care not to touch uniform or shaking the gown.				
5. Washed hands as leaving unit, and turned off faucet with paper towels.				
MASKING				
1. Obtained mask from container.				
2. Unfolded mask, and placed over nose and mouth.				
-CONTINUED-				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71

PERFORMANCE CHECKLIST

Isolation Technique: Direct,
Unit: Reverse and Terminal Disinfection

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
3. Tied top strings at back of head. (Strings over ears and top edge of mask under glasses.)				
4. Removed mask by untying lower strings, then top strings, and discarded into designated receptacle.				
5. Changed mask when became moist (or should be able to explain when and why).				
6. Rewashed hands and applied clean mask.				
GLOVING				
1. Obtained and unfolded glove wrapper, and powdered hands if powder pack was available.				
2. Removed first glove from wrapper, at folded edge of cuff, and pulled up on hand.				
3. With first gloved hand grasped second glove under the loose edge of cuff (sterile surface to sterile surface) and pulled glove up on hand.				
4. Adjusted glove cuffs over gown cuffs, without contaminating gloves or gown, and adjusted finger of gloves.				
5. Removed gloves before gown was removed.				
A. Pulled glove off first hand without contaminating skin.				
B. Disposed of glove in receptacle.				
6. Pulled second glove off by placing fingers inside cuff of remaining glove, pulled down over hand, and discarded into receptacle.				
7. Washed hands before removing mask.				
REMOVAL OF WASTE MATERIALS				
1. Emptied waste materials into designated bag (brown paper or plastic) in room.				
2. Sealed bag securely with string, tape, etc.				
3. Placed sealed bag carefully inside clean bag being held by "clean person" outside room.				
A. Took care to touch only inside of bag.				
-CONTINUED-				

* PASS _____ FAIL _____

AHPP 10/71

* Must have 100% satisfactory performance

PERFORMANCE CHECKLIST

Unit: Isolation Technique: Direct, Reverse and Terminal Disinfection

Student: _____

Instructor: _____

Date: _____

	SATISFACTORY *	UNSATISFACTORY	NOT APPLICABLE	NOT OBSERVED
(The clean person then closed, secured and labeled the double-bagged package for disposal.)				
REMOVAL OF MEAL TRAY				
1. Removed dishes from tray (one at a time).				
2. Disposed of liquids down toilet, and flushed toilet.				
3. Disposed of solid foods in brown paper bag(s).				
4. Placed disposable dishes in designated receptacle.				
5. Placed reusable dishes (after foods had been removed) in brown bag, and sealed the bag.				
6. Handed sealed bag to "clean person" for double-bagging.				
7. Closed and secured bag, labeled, and transported it for sterilization.				

* PASS _____ FAIL _____

* Must have 100% satisfactory performance

AHPP 10/71